



Phone: 949-900-6301 Fax: 949-334-1116
Email completed form to: finance@cinedeck.com

Company Information

Legal Name of Business: _____		Bus. Tax I.D. # _____	
DBA Name of Business: _____		Type of buss:	Corp Sole Prop LLC
Name & Title of Officer signing Documents: _____			
E Mail: _____		Phone #: _____	Cell #: _____
Address of Business: _____			
<i>Street</i>		<i>City</i>	<i>State Zip</i>
Years in Business: _____ Description of Buss. _____			

Ownership Information

1) Name: _____		Ownership %: _____	SSN# _____	Date of Birth: _____
Home Address: _____		Cell Phone: _____		
2) Name: _____		Ownership %: _____	SSN# _____	Date of Birth: _____
Home Address: _____		Cell Phone: _____		

Preferred Term

Equipment Description/ model: _____	
Cost of Equipment: \$ _____	
Requested Term:	12 Mo. _____ 24 Mo. _____ 36 Mo. _____ 48 Mo. _____ 60 Mo. _____
Buyout: \$1 buyout _____	Fair Market Value _____

I authorize our bank(s), trade references, and financial institutions to release information by fax or email to Cinedeck, Inc and/or its assigns. Further, I authorize Cindeeck or its assigns to obtain other credit information including but not limited to D&B and Credit Bureau Reports, etc.

Signature: _____ Title: _____ Date: _____